## PATENT APPLICATION DECLARATION AND POWER OF ATTORNEY

## I HEREBY DECLARE THAT:

My residence, post office address, and citizenship are as stated below.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if plural names are listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled CONTAINER CAP WITH FINGER-OPENABLE, RECLOSABLE CLOSURE, the specification of which:

<u>X</u>	is attached hereto;				
	was filed on	as Application Serial	No and	was amended on	(if applicable).
I hereby state that I amendment referre		derstand the contents of the a	above-identified specification	on, including the claims	s, as amended by any
		mation to the Patent and Tra of Federal Regulations, Sec.		ne to be material to the	patentability of this
to be true; and furt by fine or imprison	her that these statemer	therein of my knowledge are not swere made with the know excition 1001 of Title 18 of the lint issued thereon.	ledge that willful false state	ements and the like so	made are punishable
		rneys or agents with full pow k Office connected therewith		ute this application and	transact all business
Doloi Seym Josep	ael A. Hierl res T. Kenney our Rothstein h M. Kuo in J. Corn	Reg. No. 29,807 Reg. No. 31,269 Reg. No. 19,369 Reg. No. 38,943 Reg. No. 35,847	Arne M. Olson Talivaldis Cepuritis Daniel J. Deneufbourg David A Gottardo John W. Klooster	Reg. No. Reg. No. Reg. No. Reg. No. Reg. No.	20,818 33,675 46,736
whose mailing add	ress for this application		ker Drive, 36th Floor bis 60606		,
	e or First inventor Residence				
Post Office Addr	ess (If different)	Same			
Inventor's signate	ıre:		Date:		
	ond or Joint invento				
Post Office Addr	ess (If different)	Same			
Inventor's signati	ıre:		Date:		